

COMPLAINT FORM

**PROCEDURES FOR FILING A COMPLAINT AGAINST A FACILITY LICENSED BY THE
DEPARTMENT OF HEALTH & HOSPITALS/HEALTH STANDARDS SECTION:**

Please complete the complaint form in its entirety. Please detail your complaint allegations concisely, including information on the name, date of birth, and date of admit of the patient involved. If the complaint allegations involved an incident with a staff member or department of the facility, please be sure to indicate the name of the staff person involved and their title (i.e. R.N., LPN, aide etc.), date that it occurred, and the name of the particular department that was involved (i.e. radiology, surgery, kitchen, dining room, etc.).

All complaint forms that are received by Health Standards Section are reviewed and a determination made as to the course of action. The Department's jurisdiction is contained in R.S. 40:2009.14, "the Department must review the report and determine whether there are reasonable grounds for an investigation. No report shall be investigated if, in the office's judgment it is not made in good faith, is outdated, or is trivial, or if the report is not within the investigating authority of the office." Once the complaint report is reviewed, the complainant will receive a written notice of the Department's decision.

If you have filed a complaint in writing directly to the facility, please allow the facility approximately 30 days to investigate your allegations and provide you with a response of their findings. After giving the facility approximately 30 days to reply, if you fail to receive a written response, you can contact our office to file a complaint regarding not receiving a reply from the facility. We request that you send a copy of your letter that was mailed to the facility and a complaint form to DHH Health Standards Section, Attention ____ Complaint Desk, P.O. Box 3767, Baton Rouge, LA 70821.

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| • Nursing Home Abuse & Complaints | 1-888-810-1819 |
| • Home Health & Hospice | 1-800-327-3419 |
| • Home and Community Based Services (HCBS) | 1-800-660-0488 |
| • Case Management | 1-800-660-0488 |
| • Hospital/Abortion Clinic | 1-866-280-7737 |
| • Intermediate Care Facilities for Individuals
with Intellectual Disabilities (ICF/IID) | 1-877-343-5179 |
| • Others | 1-225-342-0138 |

Complaint Form

Complainant's Information	
Name of Person Filing Complaint:	Relationship To Patient Whom Complaint Is About:
Street Address or P.O. Box:	
City:	
State:	
Zip:	
Phone (day time):	Cell:
Facility Information	
Name of Facility Involved:	
Street Address of Facility:	
City:	
Zip:	
If more than one facility was involved, please list additional facilities along with the address and city information:	
Patient Whom Complaint is About	
Patient's Full Name:	
Patient's Date of Birth:	
Details of the Event:	
Admission Date of Patient	
Discharge Date of Patient	
Date(s) of Event	
Location Where Event Occurred (i.e. unit, room, department, area, site):	
Names of Staff Members Involved in Event:	
Event Areas of Concern (check off here and describe in the next section):	
<input type="checkbox"/> Death <input type="checkbox"/> Abuse/Neglect <input type="checkbox"/> Restraints/Seclusion <input type="checkbox"/> Emergency Services <input type="checkbox"/> Other	

Details of the event to include names, dates, titles of persons involved, areas of the facility, shifts, room numbers, etc (Give as much information as possible):

Did you report this event to anyone at the facility? Yes or No

If Yes, please provide the name & title of the person you reported this event to and the date it was reported:	
If No, are you considering filing a complaint with the facility? Yes or No If No please provide the reason that you are not filing a complaint with the facility:	
If your complaint involves:	
Billing Issues involving private insurance:	Please refer this complaint to your individual insurance representative as <u>Department of Health & Hospitals/Health Standards Section does not intervene in billing issues.</u>
Billing Issues involving Medicaid:	UNISYS Fraud Hotline at 800-488-2917 <u>Department of Health & Hospitals/Health Standards Section does not intervene in billing issues.</u>
Billing Issues involving Medicare:	1-800-Medicare or www.medicare.gov <u>Department of Health & Hospitals/Health Standards Section does not intervene in billing issues.</u>
Physician Practices:	Please refer your complaint to the Louisiana State Board of Medical Examiners, 630 Camp Street, New Orleans LA 70130, 504-568-8893 or www.lsbme.louisiana.gov

Please mail this form to:

State of Louisiana, Department of Health & Hospitals, Health Standards
Complaint Program Desk
P.O. Box 3767
Baton Rouge, LA 70821

You can also fax this form to 225-342-5073